



Department of Medical Assistance Services
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MEDICAID MEMO

TO: All Outpatient Psychiatric, Outpatient Rehabilitation [including Comprehensive Outpatient Rehabilitation (CORF)], Durable Medical Equipment (DME), Orthotic, Home Health and Non-Emergency MRI, PET, and CAT Scan, Service Providers and Managed Care Organizations Participating in the Virginia Medical Assistance Programs

FROM: Patrick W. Finnerty, Director
Department of Medical Assistance Services

DATE: 08/04/2006

SUBJECT: Updates and Clarification of the Outpatient Prior Authorization Process for Outpatient Services

The purpose of this memorandum is to provide updates and clarification for the prior authorization (PA) process with Virginia Medicaid's new PA contractor, Keystone Peer Review Organization (KePRO). This memorandum summarizes PA-related information previously communicated in several Medicaid Memoranda beginning March 20, 2006. We understand that some providers have experienced delays and issues with the process and hope that these general guidelines will assist with the transition. We ask for your patience and understanding as we improve the timeliness of this process.

The implementation of the new PA process was completed on June 19, 2006. KePRO manages PA review for all services except the following: (1) those services maintained with existing vendors (Pharmacy, Dental, Transportation, Mental Retardation & Day Support Waivers, and Managed Care Organizations); (2) those authorizations maintained by the Department of Medical Assistance Services' (DMAS) Medical Support (Organ Transplants, Gastric Bypass, Cosmetic Procedures, Prostheses)*; and, (3) certain waiver enrollment/service authorizations maintained by DMAS Long-Term Care. **For inpatient medical procedures, a PA from KePRO will be required for the inpatient admission once the physician PA for the procedure has been approved by DMAS Medical Support.*

1. iEXCHANGE Updates

Providers can use iEXCHANGE, the KePRO web-based PA system, to submit requests 24 hours a day, seven days a week via the Internet. Registration is required and once completed, providers can expect to receive their iEXCHANGE user login and password by email within 10 business days. A step-by-step iEXCHANGE user manual, an on-line pre-recorded training presentation with iEXCHANGE demo, and other helpful resources are available on the KePRO website at: <http://dmas.kepro.org/default.aspx?page=iexchange>. If you have questions or concerns about iEXCHANGE, please contact KePRO at (888)-827-2884, (804) 622-8900, or ProviderIssues@kepro.org.

2. Verify Client Eligibility

Providers are encouraged to verify the client's eligibility and enrollment prior to submitting PA requests to KePRO. As many Medicaid, FAMIS Plus, and FAMIS individuals are enrolled with a DMAS managed care organization (MCO), eligibility verification avoids unnecessary delays associated with PA submissions to an incorrect payer source.

DMAS offers a web-based option, automatic response system (ARS), for eligibility verification purposes. The website to use to enroll or access this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

3. Efficiency of PA Request Submissions

The preferred method of submission for PA requests is through iEXCHANGE; however, requests may be submitted via fax, telephone, or mail. Updated PA fax request forms are now posted on the DMAS and KePRO websites. The forms have been updated based upon provider feedback, and are available in two formats: (1) a PDF version that providers can download and complete manually; and, (2) an editable Word version, that allows providers to save the form and input responses directly. (Use of editable version of the PA request form will expedite processing.) When submitting by fax and/or mail, providers must use the updated fax form and should include all relevant clinical information in the *Severity of Illness* (SI) and *Intensity of Service* (IS) boxes. **Please do not state "see attached" or "meets criteria." Please do not send attachments with the fax forms, except as noted in respective instructions on the fax forms.** KePRO is unable to alter any information submitted on PA requests. Providers are responsible for providing accurate and correct information on their PA requests.

Starting August 21, 2006, KePRO will reject requests that are submitted with old forms and unauthorized attachments. Please see the KePRO website <http://dmas.kepro.org/> or DMAS website www.dmas.virginia.gov for current versions of forms and associated instructions.

Once your request has been submitted, a case ID number will be generated. The case ID number is used to track this specific case through KePRO's system. **Please note that the case ID number is not your PA number.** The PA number will also be posted on iEXCHANGE (and sent via fax for telephone and fax PA submissions). Providers may also check prior authorization status through Medicaid (1-800-884-9730 or 1-800-772-9996) or the DMAS web-based ARS at <http://virginia.fhsc.com>.

Clients and providers will continue to receive written notifications of service approvals, partial approvals, and denials. These PA notification letters are sent to the provider address on file, as

indicated by the provider in their enrollment filing with DMAS. Written letters will also identify applicable provider and client appeal rights and instructions.

If additional information is required, KePRO will “pend” the case, notifying the provider through iEXCHANGE (or via fax for telephone and fax PA submissions) of missing information. When responding back to KePRO providers should only submit the specific information requested.

4. Special Instructions for Revenue, Procedure (CPT and HCPCS), and ICD-9 Diagnosis Codes

Revenue Codes – For Home Health and Outpatient Rehabilitation providers, continue using the existing revenue codes; however, for PA submissions, a prefix of “R” is needed, *i.e.*, revenue code 0421 must be entered as R0421. *(Please note that the R prefix is only required for the PA submission; continue to submit claims without the “R” prefix.)* The appropriate revenue codes are listed in the DMAS *Home Health Provider Manual* and *Rehabilitation Provider Manual* (Chapter 5), and are included as an attachment to this memorandum.

CPT and HCPCS Procedure Codes – For Outpatient Psychiatric, Durable Medical Equipment, and Orthotic Services, providers must identify the PA requested service(s) using the most appropriate procedure code (CPT, HCPCS, etc). When entering a HCPCS Procedure Code through iEXCHANGE, capitalize the leading alpha character, such as "E1399." Additionally, please note that the maximum number of procedures that can be submitted per PA is 18 (this is not a change). Therefore, any PA request (*i.e.*, specialized wheelchairs, etc.) having over 18 lines must be submitted via a separate PA request.

For non-emergency outpatient (NEOP) scans including MRI, PET, and CAT scans, providers must provide the CPT code(s) that most closely matches with the physician’s order, particularly with the body part/location of scan. *(Please note that PA is not required for Myelograms and contrast material)* While the CPT code requested at the time of PA is not required to match with the CPT code billed on the claim, it should match the location (body part) scanned. Additionally, for those scans not yet scheduled at the time of PA submission, providers may submit the PA request with a “through date of service” up to 90 days beyond the requested service begin date. (For scan claim submissions, the provider must bill using the CPT code that matches the scan service rendered. Claim payment is based upon the CPT code billed.) *For your reference, a brief listing of the CPT codes used for MRI, PET, and CAT scans is provided as an attachment to this memorandum, and is also posted on the KePRO website at: <http://dmas.kepro.org>.*

ICD-9 Diagnosis Codes – The primary ICD-9 diagnosis code relative to the PA requested service(s) **is required (provide all 5 digits) for all prior authorization submissions.**

iEXCHANGE provides a search feature for ICD-9 and procedure codes. These codes are also available in an Excel format on the KePRO website at: <http://dmas.kepro.org/default.aspx?page=faq>.

5. PA Timely Filing Requirements

DMAS has extended the relaxed requirement of timely submission for PA requests through September 30, 2006. This applies for request dates beginning May 2006 (at the time of the KePRO implementation). Starting October 1st, timely submission for requests will again be applied and determinations will be made based on timeliness.

6. Transportation through LogistiCare for Services Requiring PA

The authorization “*issued for the medical service*” that is required for payment of any necessary transportation services through LogistiCare (DMAS’ Non-Emergency Transportation Contractor) has also been relaxed for all services requiring PA through August 31, 2006. Starting September 1, 2006, LogistiCare will resume application of any PA-related transportation rules.

TRAINING AND PA RESOURCE INFORMATION

A pre-recorded Web-Ex training that provides an in-depth PA overview and an iEXCHANGE demo is available on the KePRO website at: <http://dmas.kepro.org/default.aspx?page=iexchange>. Providers may view this web-cast training at their convenience.

The most up-to-date PA information is posted on the DMAS Website at: http://www.dmas.virginia.gov/pr-prior_authorization.htm and the KePRO website at: <http://dmas.kepro.org>. Should you have any questions regarding the prior authorization process, please send your inquiries via e-mail to providerissues@kepro.org or PAUR06@dmas.virginia.gov.

KePRO CONTACT INFORMATION

You may contact KePRO through the following methods:

iEXCHANGE: <http://dmas.kepro.org/>
Toll Free Phone: 1-888-VAPAUTH (1-888-827-2884)
Local Phone: (804) 622-8900
Fax: 1-877-OKBYFAX (1-877-652-9329)
Mail: 2810 N. Parham Road, Suite 305, Richmond, VA 23294
Other Provider Issues: ProviderIssues@kepro.org

Some providers have experienced difficulty accessing KePRO’s toll free telephone and fax numbers. It is our understanding that many providers have successfully resolved this issue by reporting the inability to access the KePRO numbers to their respective telephone vendor. Providers who are unable to access the KePRO fax number may submit through iEXCHANGE or telephonically to: 804-622-8900, or by mail.

PRIOR AUTHORIZATION, ELIGIBILITY AND CLAIMS STATUS INFORMATION

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost

to the provider. Providers may also access prior authorization information including status via iEXCHANGE at <http://dmas.kepro.org/>

COPIES OF MANUALS

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov. Refer to the “DMAS Content Menu” column on the left-hand side of the DMAS web page for the “Provider Services” link, which takes you to the “Manuals, Memos and Communications” link. This link opens up a page that contains all of the various communications to providers, including Provider Manuals and Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates that are requested.

PROVIDER E-NEWSLETTER SIGN-UP

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at: www.dmas.virginia.gov/pr-provider_newletter.asp.

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.

REVENUE CODES FOR HOME HEALTH AND OUTPATIENT REHABILITATION PROCEDURES

Home Health Revenue Codes	
<i>(PA Submission – Prefix revenue code with a capital “R” but do not submit claims with the “R” prefix)</i>	
Revenue Code	Code Description
0550	Skilled Nursing Assessment
0551	Skilled Nursing Care, Follow-Up Care
0559	Skilled Nursing Care, Comprehensive Visit
0571	Home Health Aide Visit (no PA required)
0424	Physical Therapy, Home Health Assessment
0421	Physical Therapy, Home Health Follow-Up Visit
0434	Occupational Therapy, Home Health Assessment
0431	Occupational Therapy, Home Health Follow-Up Visit
0444	Speech-Language Services, Home Health Assessment
0441	Speech-Language Services, Home Health Follow-Up Visit

Outpatient Rehabilitation Revenue Codes	
<i>(PA Submission – Prefix revenue code with a capital “R” but do not submit claims with the “R” prefix)</i>	
Revenue Code	Code Description
0421	Physical Therapy Visit
0423	Physical Therapy Group Session
0424	Physical Therapy, Evaluation/Re-evaluation
0431	Occupational Therapy Visit
0433	Occupational Group Session
0434	Occupational Therapy, Evaluation/Reevaluation
0441	Speech-Language Pathology Visit
0443	Speech-Language Pathology Group Session
0444	Speech-Language Pathology, Evaluation/Re-evaluation

RADIOLOGICAL SCANS BY CPT CODE

Current Procedural Terminology 2006

Magnetic Resonance Imaging (MRI)

Scan Area	CPT	Comments
Abdomen	74181	Without contrast material(s)
	74182	With contrast material(s)
	74183	Without contrast material(s), followed by contrast material(s) and further sequences
	74185	Magnetic resonance angiography (MRA), with or without contrast material(s)
Bone marrow blood supply	76400	
Brain (including brain stem)	70551	Without contrast material(s)
	70552	With contrast material(s)
	70553	Without contrast material(s), followed by contrast material(s) and further sequences
Brain (including brain stem and skull base)	70557	Without contrast material(s) – during open intracranial procedure
	70558	With contrast material(s)
	70559	Without contrast material(s), followed by contrast material(s) and further sequences
Breast	76093	Without and / or with contrast material(s); unilateral
	76094	bilateral
Chest	71550	Without contrast material(s)
	71551	With contrast material(s)
	71552	Without contrast material(s), followed by contrast material(s) and further sequences
	71555	Magnetic resonance angiography (MRA), with or without contrast material(s)
Extremity Lower – other than joint (i.e., leg, foot)	73718	Without contrast material(s)
	73719	With contrast material(s)
	73720	Without contrast material(s), followed by contrast material(s) and further sequences
	73725	Magnetic resonance angiography (MRA), with or without contrast material(s)
Extremity Upper -other than joint (i.e., arm, hand)	73218	Without contrast material(s)
	73219	With contrast material(s)
	73220	Without contrast material(s), followed by contrast material(s) and further sequences
	73225	Magnetic resonance angiography (MRA), with or without contrast material(s)
Face, Neck, and Orbit	70540	Without contrast material(s)
	70542	With contrast material(s)
	70543	Without contrast material(s), followed by contrast material(s) and further sequences
Neck (MRA)	70547	Magnetic resonance angiography (MRA), neck; without contrast material(s)
	70548	Magnetic resonance angiography (MRA), neck; with contrast material(s)
	70549	Magnetic resonance angiography (MRA), neck; without contrast material(s) followed by contrast material(s) and further sequences
Head	70544	Magnetic resonance angiography (MRA), head; without contrast material(s)
	70545	Magnetic resonance angiography (MRA), head; with contrast material(s)
	70546	Magnetic resonance angiography (MRA), head; without contrast material(s) followed by contrast material(s) and further sequences
Heart	75552	For morphology, without contrast material
	75553	For morphology, with contrast material
	75554	Complete study, for function, with or without morphology
	75555	Limited study, for function, with or without morphology
	75556	For velocity flow mapping
Joint - Lower Extremity (ankle, foot, knee, toe)	73721	Without contrast material(s)
	73722	With contrast material(s)
	73723	Without contrast material(s), followed by contrast material(s) and further sequences

Magnetic Resonance Imaging (MRI) continued		
Scan Area	CPT	Comments
Joint - Upper Extremity (elbow, finger, hand, wrist)	73221	Without contrast material(s)
	73222	With contrast material(s)
	73223	Without contrast material(s), followed by contrast material(s) and further sequences
Pelvis	72195	Without contrast material(s)
	72196	With contrast material(s)
	72197	Without contrast material(s), followed by contrast material(s) and further sequences
	72198	Magnetic resonance angiography (MRA), with or without contrast material(s)
Spine – Cervical (spinal canal and contents)	72141	Without contrast material
	72142	With contrast material(s)
	72156	Without contrast material(s), followed by contrast material(s) and further sequences
	72159	Magnetic resonance angiography (MRA), spinal canal and contents, with or without contrast material(s)
Spine – Lumbar (spinal canal and contents)	72148	Without contrast material
	72149	With contrast material(s)
	72158	Without contrast material(s), followed by contrast material(s) and further sequences
Spine – Thoracic (spinal canal and contents)	72146	Without contrast material
	72147	With contrast material(s)
	72157	Without contrast material(s), followed by contrast material(s) and further sequences
Temporomandibular Joint	70336	(TMJ)
Guidance for Needle Placement	76393	Magnetic resonance guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device), radiological supervision and interpretation
Unlisted	76498	Diagnostic, interventional

Positron Emission Tomography (PET)		
Scan Area	CPT	Comments
Brain	78608	Metabolic evaluation
	78609	Perfusion evaluation
Heart	78459	Myocardial imaging; metabolic evaluation
	78491	Myocardial imaging; perfusion; single study at rest and/or stress
	78492	Myocardial imaging; perfusion; multiple studies at rest and/or stress
Tumor	78811	Limited area (eg, chest, head/neck)
	78812	Skull base to mid-thigh
	78813	Whole body
Tumor with computed tomography for attenuation correction and anatomical localization	78814	Limited area (eg, chest, head/neck)
	78815	Skull base to mid-thigh
	78816	Whole body

Computed Axial Tomography (CAT)		
Scan Area	CPT	Comments
Head/Brain	70450	Without contrast material
	70460	With contrast material(s)
	70470	Without contrast material, followed by contrast material(s) and further sections
	70496	Computed tomographic angiography (CTA), head, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing
Orbit, sella, or posterior fossa or outer, middle, or inner ear	70480	Without contrast material
	70481	With contrast material(s)
	70482	Without contrast material, followed by contrast material(s) and further sections
Maxillofacial Area	70486	Without contrast material
	70487	With contrast material(s)
	70488	Without contrast material, followed by contrast material(s) and further sections
Neck; soft tissue	70490	Without contrast material
	70491	With contrast material(s)
	70492	Without contrast material, followed by contrast material(s) and further sections
	70498	Computed tomographic angiography (CTA), neck, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing
Chest/Thorax	71250	Without contrast material
	71260	With contrast material(s)
	71270	Without contrast material, followed by contrast material(s) and further sections
	71275	Computed tomographic angiography (CTA), chest, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing
Cervical Spine	72125	Without contrast material
	72126	With contrast material(s)
	72127	Without contrast material, followed by contrast material(s) and further sections
Thoracic Spine	72128	Without contrast material
	72129	With contrast material(s)
	72130	Without contrast material, followed by contrast material(s) and further sections
Lumbar Spine	72131	Without contrast material
	72132	With contrast material(s)
	72133	Without contrast material, followed by contrast material(s) and further sections
Pelvis	72191	Computed tomographic angiography (CTA), without contrast material(s), followed by contrast material(s) and further sections, including image post-processing
	72192	Without contrast material
	72193	With contrast material(s)
	72194	Without contrast material, followed by contrast material(s) and further sections
Upper Extremity	73200	Without contrast material
	73201	With contrast material(s)
	73202	Without contrast material, followed by contrast material(s) and further sections
	73206	Computed tomographic angiography (CTA), without contrast material(s), followed by contrast material(s) and further sections, including image post-processing

Computed Axial Tomography (CAT)		
Scan Area	CPT	Comments
Lower Extremity	73700	Without contrast material
	73701	With contrast material(s)
	73702	Without contrast material, followed by contrast material(s) and further sections
	73706	Computed tomographic angiography (CTA), without contrast material(s), followed by contrast material(s) and further sections, including image post-processing
Abdomen	74150	Without contrast material
	74160	With contrast material(s)
	74170	Without contrast material, followed by contrast material(s) and further sections
	74175	Computed tomographic angiography (CTA), without contrast material(s), followed by contrast material(s) and further sections, including image post-processing
Abdominal Aorta	75635	Computed tomographic angiography (CTA), abdominal aorta and bilateral iliofemoral lower extremity runoff, radiological supervisor and interpretation, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing
Bone Mineral Density Study	76070	One or more sites; axial skeleton (eg, hips, pelvis, spine)
	76071	One or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)
Follow-Up Study	76380	Limited or localized follow-up study
Unlisted	76497	Diagnostic, interventional